

## Department of Health and Social Services

DIVISION OF PUBLIC HEALTH Section of Epidemiology

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November 22, 2017

Dear Colleague,

The purpose of this letter is to inform you about an outbreak of sexually transmitted gonococcal (GC) infection across Alaska. Cases of laboratory-confirmed *Neisseria gonorrhoeae* are reportable to the Alaska Section of Epidemiology (SOE). From January to September 2017, GC case reports increased by 52% compared to the same time period in 2016. Case reports in the Anchorage area increased by 80% in the first six months of 2017, as compared to the same period in 2016.

While the largest increase in GC case reports has been in the Anchorage area, reported cases from January to September 2017 increased in all regions of the state. Reported cases have increased in all racial and ethnic categories, across age categories, among heterosexual men and women, and among men who have sex with men.

In response to the increase in GC infection, we recommend the following:

- Routinely collect a complete sexual history with all sexually active patients to elicit high-risk behaviors, symptom
  histories, prior STD/HIV testing histories, and to identify all anatomical sites of potential disease exposure.
- Screen at-risk sexually active patients for gonorrhea (and chlamydia) at all exposed anatomical sites (i.e., urethral, rectal, and oral), regardless of symptomology. Persons with GC infection may be asymptomatic; most women do not have symptoms or have very mild symptoms. Even when no symptoms are present, complications can occur.
- Symptoms of GC infection may include:

	Men		Women		Men & Women
0	Burning when urinating	0	Painful or burning	0	For oropharyngeal infection:
0	A white, yellow, or green		sensation when urinating	0	Sore throat
	discharge from the penis	0	Increased vaginal	0	White spot in throat
0	Painful or swollen		discharge	0	White/yellow discharge in throat
	testicles	0	Vaginal bleeding between	0	For rectal infection:
			periods	0	Anal discharge
				0	Anal itching
				0	Soreness
				0	Bleeding
				0	Painful bowel movements
Screen at-risk sexually active patients for other sexually transmitted infections, including symbilis and HIV					

- <u>Screen</u> at-risk sexually active patients for other sexually transmitted infections, including syphilis and HIV
- <u>Promptly treat</u> persons infected with GC and their sexual partners using CDC-recommended regimens:
  - Preferred regimen for uncomplicated GC of the cervix, urethra, rectum, or pharynx
    - Ceftriaxone 250mg IM in a single dose

Plus

- Azithromycin 1g orally in a single dose
- Alternative regimen for uncomplicated GC of the cervix, urethra, or rectum (but not pharynx) if ceftriaxone is unavailable:
  - Cefixime 400mg orally in a single dose Plus
  - Azithromycin 1g orally in a single dose

- Refer all recent sex partners (persons having sexual contact with the infected patient within 60 days of preceding onset of symptoms or gonorrhea diagnosis) for evaluation, testing, and presumptive dual treatment.
  - Encourage patients with GC to participate in partner notification activities.
  - To avoid reinfection, assure that sex partners are also promptly treated. The infected person should be instructed to abstain from unprotected sexual intercourse for 7 days after they and their sexual partners have completed treatment.
- Offer expedited partner therapy (EPT) if evaluation and testing of potentially exposed sexual partners is not available.
  - EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydial or gonococcal infection without the health care provider first examining the partner.
  - Resources on EPT can be found at: http://dhss.alaska.gov/dph/Epi/hivstd/Pages/ept/default.aspx
  - The State Medical Board modified regulation 12AAC40.967 to state that prescribing EPT for STIs is not considered unprofessional conduct, making it legal for physicians to dispense or prescribe medications for the purpose of EPT.
- Educate and counsel patients regarding risk-reduction strategies, including using condoms correctly and consistently, discussing their partners' HIV/STD status prior to sexual engagement, and limiting the number of sexual partners.
- Report all newly diagnosed cases of gonorrhea and other sexually transmitted infections to the SOE via telephone (800-478-1700) or fax to 907-561-4239.
  - o The confidential STD/HIV report form is available at http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf.
  - o It is important and legally required that health care providers report confirmed or suspected gonorrhea infection, even if it is assumed the laboratory will also report.
  - o Health care provider disease reports should include all applicable treatment information.

If you have any follow-up questions, please don't hesitate to contact HIV/STD Program staff at 907-269-8000.

Thank you.

Sincerely,

Joe McLaughlin, MD, MPH State Epidemiologist and Chief,

Alaska Section of Epidemiology